

INDIVIDUAL PERSONAL AFFIDAVIT

Instructions: This form must be completed by: (a) sole owners; (b) each general partner; (c) persons holding 10% or more of the capital or stock of a corporation, limited liability company, or limited partnership; and (d) spouses.

1. FULL NAME (Last, first, middle initial)		2. PREVIOUS NAME(S)		3. FINGERPRINT DATE (ABC USE ONLY)	
4. PREMISES ADDRESS				5. PREMISES TELEPHONE NUMBER ()	
6. HOME ADDRESS				7. HOME TELEPHONE NUMBER ()	
8. MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widow(er)				9. WORK TELEPHONE NUMBER ()	
10. PERSONAL DATA <input type="checkbox"/> Male <input type="checkbox"/> Female	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	11. DRIVER'S LICENSE NUMBER
13. SOCIAL SECURITY NUMBER			14. BIRTHDATE		15. BIRTHPLACE
16. I AM OR WILL BE <input type="checkbox"/> Sole Owner <input type="checkbox"/> Director <input type="checkbox"/> Spouse <input type="checkbox"/> LLC Member/Managing Member <input type="checkbox"/> Partner <input type="checkbox"/> Stockholder <input type="checkbox"/> Manager <input type="checkbox"/> Officer Title: _____ <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Food Lessee <input type="checkbox"/> Other					
17. FINANCIAL CONTRIBUTION TO THE BUSINESS (If Box B is checked, you will need to complete Form, ABC-208-B) <input type="checkbox"/> A. I am not making a contribution in any form <input type="checkbox"/> C. I am contributing labor/expertise only <input type="checkbox"/> B. I am making a financial contribution <input type="checkbox"/> D. Same as the affidavit of _____					
18. SPOUSE'S NAME (Last, first, middle) (Include alias)			19. MARRIAGE DATE		20. MARRIAGE PLACE
21. Do you now have any direct, or indirect, interest in any other alcoholic beverage business, or have you ever been an alcoholic beverage licensee or an officer or director of a corporate licensee in or outside of California? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>IF YES, EXPLAIN</i>					
22. Have you as an individual, a partner, or while an officer, director, or stockholder of a corporate applicant ever had an alcoholic beverage license denied, suspended, revoked, or an offer in compromise accepted or rejected? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>IF YES, EXPLAIN</i>					
23. CURRENT AND PAST EMPLOYMENT (For at least past five years. Use additional sheets if needed.)					
FROM (MONTH/YEAR)	TO (MONTH/YEAR)	TYPE OF WORK		FIRM NAME AND CITY	
24. Have you ever, anywhere or at any time, (1) forfeited bail, (2) been convicted, (3) fined, or (4) placed on probation for any violation of the law? (5) Are you now actively being prosecuted for a criminal offense? (If any of these events has occurred, this question must be answered "Yes" regardless of subsequent court action resulting in expungement, unless an order sealing records under Section 1203.45 of the Penal Code, relating to persons under age 18 years, has been issued. If no order has been issued, the answer must be "Yes.") <input type="checkbox"/> Yes <input type="checkbox"/> No					
ARREST DATE	PLACE OF ARREST	OFFENSE		RESULT/DISPOSITION	
<i>I have read all of the above and declare under penalty of perjury that each and every statement is true, correct and complete.</i>					
AFFIANT SIGNATURE				TITLE	
DATE SIGNED	PLACE SIGNED	ATTEST (ABC EMPLOYEE OR NOTARY PUBLIC)			